

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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February 5, 2010

Public Health & Emergency Preparedness Bulletin: # 2010:04 Reporting for the week ending 01/30/10 (MMWR Week #04)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)

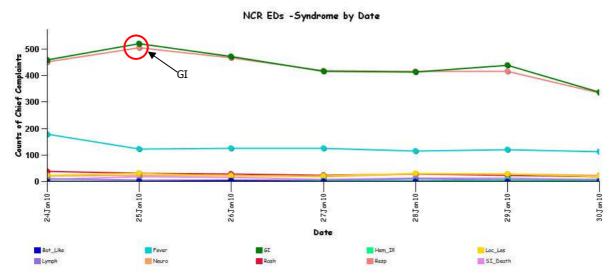
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

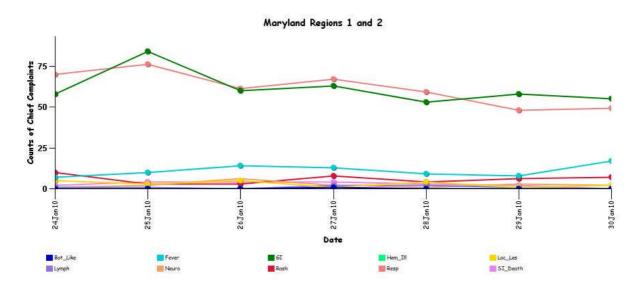
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

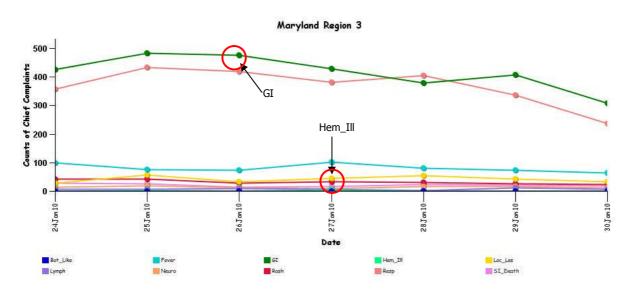


^{*} Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

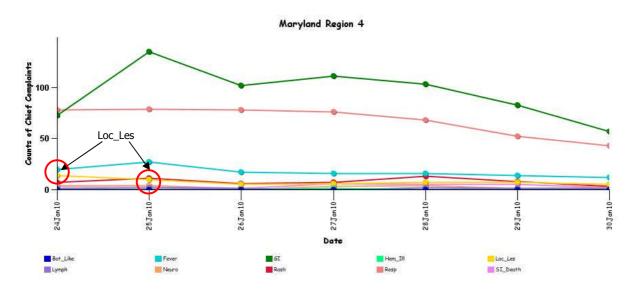
MARYLAND ESSENCE:



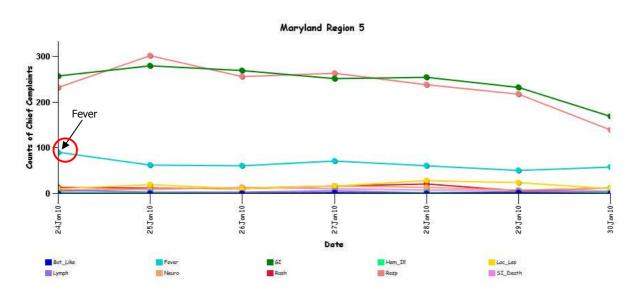
^{*} Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



^{*} Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



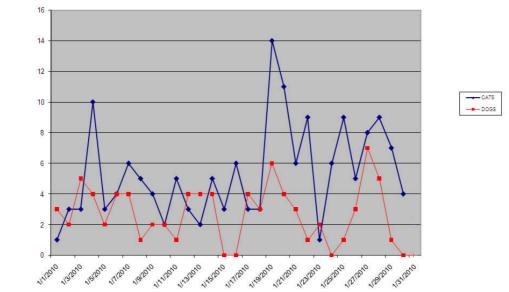
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



^{*} Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

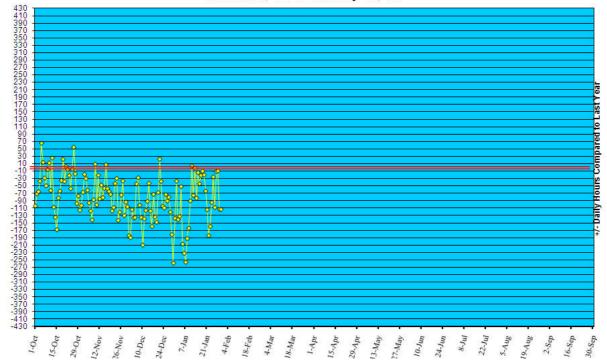
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/09.

Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '09 to January 30, '10



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2009 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 24- Jan 30, 2010):	12	0
Prior week (Jan 17- Jan 23, 2010):	06	0
Week#04, 2009 (Jan 25- Jan 31, 2009):	08	0

OUTBREAKS: 8 outbreaks were reported to DHMH during MMWR Week 04 (January 24 - January 30, 2010):

7 Gastroenteritis outbreaks

- 5 outbreaks of GASTROENTERITIS in Nursing Homes
- 1 outbreak of GASTROENTERITIS in an Assisted Living
- 1 outbreak of GASTROENTERITIS in a Hospital

1 Foodborne Gastroenteritis outbreak

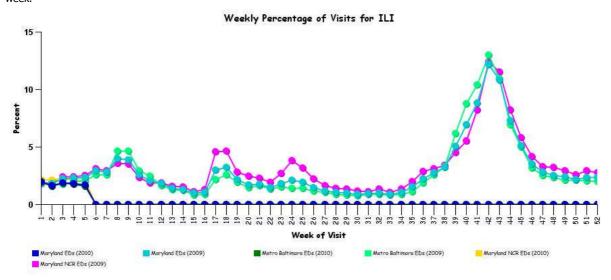
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Private Event

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 04 is SPORADIC.

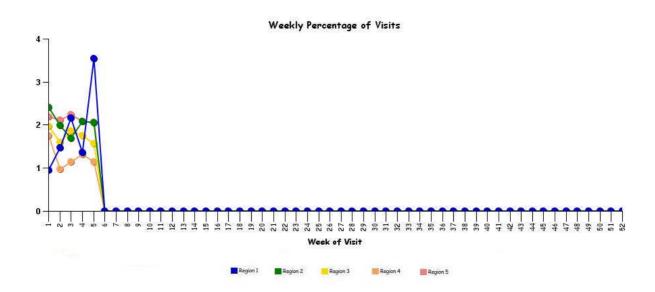
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



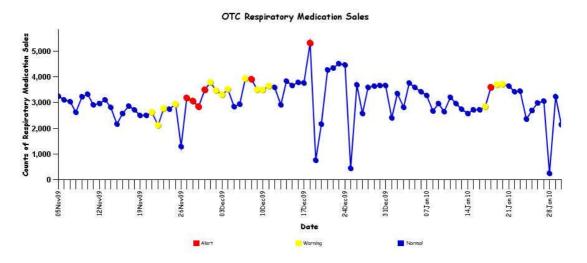
^{*} Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://preparedness.dhmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Version7.2).pdf

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of January 28, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 471, of which 282 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZ (INDONESIA): 30 Jan 2010, Bird flu (Avian Influenza or the H5N1) virus has stricken 3 sub districts in East Lampung District, killing at least 1176 chickens. "In the current rainy season, chickens are prone to various diseases, including bird flu," Dewanto, head of the East Lampung district animal health unit, said here on Friday [29 Jan 2010]. Some 1176 chickens had died in 7 villages since early January 2010, while in 2009 there had been only 708 dead chickens in 11 villages. The affected villages include Sukadana, Purbolinggo, and Marga Tiga, East Lampung.

AVIAN INFLUENZ (EGYPT): 28 Jan 2010, The Ministry of Health of Egypt has announced 4 new cases of human H5N1 avian influenza infection. The cases are not linked epidemiologically. The 1st case is a 20-year-old female from Baniswief governorate. She developed symptoms on 6 Jan 2010 and was hospitalized on 11 Jan 2010, where she received oseltamivir treatment. The 2nd case is a one-year-old male from Dakahalya governorate. He developed symptoms on 7 Jan 2010 and was hospitalized on 12 Jan 2010, where he received oseltamivir treatment. The 3rd case is a 3-year-old male from Assuit governorate. He developed symptoms on 19 Jan 2010 and was hospitalized on 21 Jan 2010, where he received oseltamivir treatment. The 4th case is a 45-year-old male from Shargea governorate. He developed symptoms on 12 Jan 2010 and was hospitalized on 19 Jan 2010, where he received oseltamivir treatment. All 4 are currently in a stable condition in hospital. Investigations into the source of infection indicated that all 4 cases had exposure to sick and dead poultry. The cases were confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network (GISN). Of the 94 laboratory confirmed cases of avian influenza A(H5N1) reported in Egypt, 27 have been fatal [However, only 4 of the 43 human cases of avian influenza recorded in Egypt since the beginning of 2009 have been fatal.

AVIAN INFLUENZ (ISRAEL): 27 Jan 2010, An outbreak of bird flu was discovered Tuesday [26 Jan 2010] night at a henhouse in Kibbutz Ein Shemer. The disease was found in a henhouse containing about 43 000 hens. Agriculture Ministry workers began Tuesday night marking off the birds to be culled. All agricultural production in the area has been shut down until further notice.

AVIAN INFLUENZ (BANGLADESH): 26 Jan 2010, Some 531 chickens were culled at a poultry farm in Gazipur on Monday [25 Jan 2010] in presence of the district livestock officer after it was affected by bird flu virus H5N1. The Field Disease Investigation Laboratory at [Joypurhat District, Rajshahi Division] on Sunday [24 Jan 2010] confirmed that the virus affected Lata Poultry farm at Khetlal Upazila [sub district]. Earlier this month [January 2010], Yati Poultry Farm in the same upazila was affected with the virus. The district livestock authorities culled some 932 chickens and 183 eggs to contain the spread of the virus within 12 hours of confirmation. Talking to The Daily Star, Joypurhat District Livestock officer, Dr Shahidul Islam, said the newly affected farm was less than 0.5 km [0.3 mi] away from the previous one where H1N1 virus was confirmed on 5 Jan 2010. "The virus broke out due to lack of bio-security maintenance. Both the farms are situated adjacent to the dwelling place and people are coming in contact with the farms frequently," he said. The last outbreak was experienced in the country in August 2009 in Bogra [Rajshahi Division]. But it was not a massive one, said sources at the Institute of Epidemiology, Disease Control and Research (IEDCR). Bird flu killed at least 287 people affecting 467 worldwide since it began to ravage poultry stocks in Asia in late 2003. World Health Organisation has counted the fatality at more than 60 percent.

H1N1 INFLUENZA (Swine Flu):

Resources:

http://www.cdc.gov/h1n1flu/

http://www.dhmh.maryland.gov/swineflu/

NATIONAL DISEASE REPORTS

SALMONELLOSIS, SALAMI, SEROTYPE MONTEVIDEO (USA) 29 Jan 2010, CDC is collaborating with public health officials in many states, the Department of Agriculture's Food Safety and Inspection Service (FSIS), and the Food and Drug Administration (FDA) to investigate a multistate outbreak of _Salmonella [enterica_] serotype Montevideo infections. Investigators are using DNA analysis of the bacteria obtained through diagnostic testing to identify cases of illness that may be part of this outbreak. As of 9:00 pm EST on 25 Jan 2010, a total of 189 individuals infected with a matching strain of _S._ Montevideo have been reported from 40 states since 1 Jul 2009. The number of ill persons identified in each state with this strain is as follows: AL (2), AZ (5), CA (30), CO (3), CT (4), DE (2), FL (2), GA (3), IA (1), ID (2), IL (11), IN (3), KS (3), LA (1), MA (12), MD (1), ME (1), MI (1), MN (4), MO (1), NC (9), ND (1), NE (1), NH (1), NJ (7), NY (15), OH (9), OK (1), OR (8), PA (3), RI (2), SC (1), SD (3), TN (4), TX (7), UT (7), VA (1), WA (14), WV (1), and WY (2). Because this is a commonly occurring strain, public health investigators may determine that some of the illnesses are not part of this outbreak. Among the persons with reported dates available, illnesses began between 4 Jul 2009 and 7 Jan 2010. Infected individuals range in age from less than 1 year old to 88 years old and the median age is 36 years. 53 percent of patients are male. Among the 134 patients with available information, 37 (28 percent) were hospitalized. No deaths have been reported. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN (NEW HAMPSHIRE) 28 Jan 2010, As a Strafford County woman continues to recover from gastrointestinal anthrax, the building in which she was exposed to spores of the disease will soon undergo extensive cleaning. During a conference call with the media on Wednesday [27 Jan 2010], Deputy State Epidemiologist Dr. Jodie Dionne-Odom said the woman is doing much better and is now able to answer the questions of state health officials. Dionne-Odom wouldn't comment on the specifics of the state's discussions with the woman but did say the discussion further solidifies their hypothesis she swallowed anthrax spores from an African drum during a 4 Dec 2009 drum circle event at Waysmeet Center, the United Campus Ministry for UNH. Officials are now prepping for the decontamination of the Mill Road building. The decontamination plan will include using bleach to scrub down the 5 common areas that tested positive for low-levels of anthrax. The cleaning will also include vacuuming each room, according to Dionne-Odom. Dionne-Odom said the Environmental Protection Agency has recommended a list of companies experienced with this type of cleaning, and it will be up to ministry officials to get prices and have the cleaning done. The ministry will be responsible for paying the cleaning bill, but Dionne-Odom didn't have any estimates about how much it will cost. Dionne-Odom said this type of cleaning was done with similar anthrax cases in Connecticut and New York. "This is an effective method of decontamination that both the EPA and CDC recommended," she said. Once a cleaning company is hired, it will still take some time to clean the building, according to Dionne-Odom. "It will be a period of a few weeks because several rooms need to be cleaned from top to bottom," she said. Once the building is cleaned, the quarantine will be lifted. Dionne-Odom also announced that 10 samples taken from the building that were previously inconclusive and sent to the Center for Disease Control for more specialized testing all came back negative. This means that of the 75 samples taken from the building, only 6 came back positive for low-levels on anthrax, 2 from African drums stored in the building's basement and 4 low-level amounts found in some of the building's common rooms. There will be no more testing inside the building, and all the African drums turned in for testing have been returned to their owners, according to Dionne-Odom. Since the Waysmeet Center was quarantined last month [December 2009], the Rev. Larry Brickner-Wood has run the ministry from his home. The Cornucopia Food Pantry, which was housed in the Waysmeet Center, was relocated to the St. Thomas More Food Pantry at 6 Madbury Road. Eight students who were living in the building have been temporarily relocated to on-campus housing. Dionne-Odom said the rooms the students stayed in were clean and didn't test positive for anthrax. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

UNDIAGNOSED ILLNESS, FATAL, ADULTS (INDIA) 30 Jan 2010, A group of 3 doctors and a few paramedical personnel equipped with life-saving medicines and saline drips today [23 Jan 2010] moved out of the state hospital at the block headquarters town of Lala to set up medical camps at Kundanala and Nunai villages where an unknown fever has claimed the lives of 5 tribals in 12 days; 4 of the dead were women. The Reang-inhabited villages are nearly 40 km [25 miles] from Hailakandi town. Hailakandi Deputy Commissioner T.C. Goswami today [23 Jan 2010] said over phone that he had instructed the joint director of health services in the district headquarters town to arrange the despatch of the team of doctors and paramedical staff besides consignments of medicines to the affected places under Lala block town under Katlicherra Assembly constituency in the district on its boundary with Mizoram. High fever accompanied by inflammations on the body of the victims and severe pain were the symptoms, Goswami said, adding the virus was yet to be properly diagnosed. The in-charge of the Lala primary hospital, Jayanta Das, denied that the villagers had died of malaria. He said Jahidul Islam, who is heading the team of 3 doctors, had been specially instructed to collect blood samples of the tribals afflicted with the "mystery disease" for proper diagnosis at Silchar Medical College and Hospital. The 5 who had died over the past 12 days in the Reang-inhabited villages are individuals, 32, 38, 40, 50 and 55 years of age. Except one who belonged to Channighat village, the rest were from Kundanala, official sources in Hailakandi town said today. Sources said a woman was 1st treated at the civil hospital in Hailakandi from where she was shifted to Silchar Medical College and Hospital. She died there on 17 Jan 2010. Her ailment could not be diagnosed at the medical college hospital as no blood culture was conducted there. At least 20 Reang tribals, with high fever, are battling for life in Durgapur, Bander-cherra, Yakubnala and Lalch-erra villages near Nunai. The president of the District Tribal Sangha, Ramendra Reang, had demanded a mini-hospital and quick economic development in the Reang enclaves of Lala block. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, BOVINE (INDIA): 30 Jan 2010, Suspected Sara (crypasomaisis) and anthrax diseases have claimed at least 35 head of cattle and goats in last 2 weeks in Kendrapara district. The diseases were 1st detected during 1st week of January 2010. Only after the diseases spread to many villages, the authorities woke up and announced a contingency plan. "More than 1.5 lakh [150 000] head of cattle have already been vaccinated in Rajnagar, Pattamundei, Aul and Rajkanika areas of Kendrapara district," said chief district veterinary officer (CDVO) Dr G.C. Sar. The diseases have assumed alarming proportions in some villages under Pattamundei and Rajnagar block. "We have sent blood samples of 30 affected cows and goats to the Animal Disease Research Institute (ADRI) in Bhubaneswar," added the CDVO. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

Q FEVER (NETHERLANDS): 28 Jan 2010, A motion has been put forward in the Dutch Lower House to reverse a decision by Health Minister Ab Klink and Agriculture Minister Gerda Verburg to have all rams and billy goats on dairy farms infected with Q-fever destroyed. Since male sheep and goats can also carry the bacteria, they may infect females during mating. As it is difficult to distinguish between sick and healthy animals, the health and agriculture ministers had opted to cull the males rather than take the risk. But MPs said the measure was too drastic and have proposed that the animals be 1st tested individually. Minister Verburg is against the motion but has said she will await the outcome of next week's parliamentary vote on the issue. There are 64 sheep and goat dairy farms in the Netherlands infected with Q-fever, but most of the farmers keep only a few males. (Q Fever is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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